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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/572,883
	Filing Date	June 22, 2006
	First Named Inventor	Stefan Golz
	Title	Diagnostics and Therapeutics For Diseases
	Art Unit	1646
	Examiner Name	5304
Attorney Docket Number		SMSD-0068/2004P66027 WOUS

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(h) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

Cynthia G. Tymeson

Assistant Secretary

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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